



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FOOD AND AGRICULTURE**

251 Causeway Street
Suite 500
Boston, MA 02114-2151

APPLICATION FOR EMPLOYMENT

Before submitting an application, please make sure that you have attached a resume and that all the information is complete.

The Department of Food and Agriculture is an Affirmative Action, Equal Opportunity Employer and encourages M/F/V/H/ applicants to apply.

NAME: _____
Last First Middle

RESIDENCE: _____
No. Street

City/Town State Zip Code

Tel.: _____
Home Work

Social Security # _____

Mailing Address, if different, _____

Valid Driver's license Yes _____ No _____ State _____

SALARY REQUIREMENTS: (MINIMUM) _____

POSITION THAT YOU ARE APPLYING FOR: _____

OPTIONAL:

Providing this information is voluntary; refusal to provide this information will not adversely affect your application in any way. This information is kept confidential except for positive aggressive measures to ensure equal opportunity in employment. (Please mark "x" next to the appropriate response).

Ethnic Status: Asian _____
Hispanic _____
White _____
African-American _____
Native American _____

Gender: Female_____

Male_____

If you identify as a vietnam era veteran, see the agency Affirmative Action Manager when hired, for further information and certification.

Veteran (not Vietnam)_____

Vietnam Era Veteran: Dates of Service:_____

Persons with disabilities are also included in the Affirmative Action Program. If you would like to discuss being included, please contact the agency's Affirmative Action Manager.

Education: Start with the Highest Degree completed

1.School_____Degree_____Major_____

2.School_____Degree_____Major_____

3.School_____Degree_____Major_____

4.School_____Degree_____Major_____

REFERENCES: List below, the name, address and telephone number of three references.

1. Name_____Tel.#_____

Address_____

City/Town/State/Zip Code

2. Name_____Tel.#_____

Address_____

City/Town/State/Zip Code

3. Name_____Tel.#_____

Address_____

City/Town/State/Zip Code

Signature:_____

Date:_____

Please be advised that if you are hired you will be required according to federal law to provide the agency with proof of U.S. citizenship or authorization to work in the United States.

This application is available in alternate formats upon request.